

FORM 2

NOTIFICATION OF
DANGEROUS WASTE
ACTIVITIES

(send to) Attn: DW Notifications
Washington State Department of Ecology
M/S PV-11 Olympia, WA. 98504-8711
(206) 459-6369/6305

Init: Dm Date: 12/20 Region: N
EPA: _____ Date: _____ Copy: _____
Input: _____ Update: _____ Ack: _____
DEC 14 1989

I. EPA/STATE Hazardous Waste I.D. #	
W	A 7 9 8 2 6 5 8 1 6 3
II. Waste Designated By: _____ SQ/RCRA RCRA/State State Only Non-Regulated/ Non-Handler/ Protective Filing	
III. Exemption Status: _____ RCRA Exempt Recycler State Exempt Recycler Below QEL Other _____	
IV. Handling Emergency Remedial Action One-Time-Only Other _____	

DEPARTMENT USE ONLY

Type or Print in Ink—Form designed for use on Elite (12 pitch type)

1. <input type="checkbox"/> A. FIRST NOTIFICATION (no previous application has been made for this site)		2. <input type="checkbox"/> B. REVISED NOTIFICATION date revisions effective: ____/____/____ (Enter existing site I.D. # in Part 1F. List sections you revised: _____)	
<input type="checkbox"/> C. WITHDRAW SITE I.D. # _____ (Complete Sections 1F, 2A, 3, 5, 8 & 15. Enter existing I.D. # in Part 1F.)		<input type="checkbox"/> D. REACTIVATE SITE I.D. # _____ (Complete all sections of the form. Enter previously assigned I.D. # in Part 1F.)	
<input checked="" type="checkbox"/> E. CANCEL SITE I.D. # _____ (Site closed—no longer own or conduct business at this site. Complete Sections 1F, 2A, 3, 5, 8 & 15. Enter existing I.D. # in 1F.)		<input checked="" type="checkbox"/> F. EXISTING I.D. # _____ (Complete for items 1B, C, D, & E only)	

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER	2.B. SIC CODE(S) PRIMARY SECONDARY OTHER
5 7 8 — 0 8 0 — 8 6 0	3 7 3 1

3. NAME OF COMPANY
U N I T E D M A R I N E S H I P B U I L D I N G

4. MAILING ADDRESS	STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.
1 4 4 1 N. N O R T H L A K E W A Y	
CITY OR TOWN STATE ZIP CODE	
S E A T T L E	W A 9 8 1 0 3 —

5. LOCATION OF WASTE ACTIVITIES (Installation) DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)	6. COUNTY WHERE THIS INSTALLATION IS LOCATED
5 0 5 5 E. M A R G I N A L W A Y	K I N G
CITY OR TOWN STATE ZIP CODE	
S E A T T L E	W A 9 8 1 0 8 —

7. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 7A, 7B, or 7C below that may apply).
7A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).
<input checked="" type="checkbox"/> 1. GENERATOR
<input type="checkbox"/> 2. TRANSPORTER 2a. <input type="checkbox"/> Transport Wastes Commercially (for hire). 2b. Modes of Transport: (1) <input type="checkbox"/> Highway (2) <input type="checkbox"/> Air (3) <input type="checkbox"/> Rail (4) <input type="checkbox"/> Water (5) <input type="checkbox"/> Other _____
<input type="checkbox"/> 3. MANAGEMENT FACILITY (TSD) 3a. <input type="checkbox"/> Facility accepts wastes from OFF-SITE Generators. 3b. Processes conducted or available at this facility: (1) <input type="checkbox"/> Treatment (2) <input type="checkbox"/> Storage (>90 days) (3) <input type="checkbox"/> Disposal (4) <input type="checkbox"/> Other (specify in comments).
<input type="checkbox"/> 4. UNDERGROUND INJECTION OF WASTE(S).
<input type="checkbox"/> 5. MARKET OR BURN DANGEROUS WASTE FUELS—5a. <input type="checkbox"/> Generator Marketing to Burner 5b. <input type="checkbox"/> Other Marketer 5c. <input type="checkbox"/> Burner. (COMPLETE 7C—TYPE OF COMBUSTION DEVICE)
7B. USED-OIL FUEL ACTIVITIES.
<input type="checkbox"/> 1. OFF-SPECIFICATION USED-OIL FUELS-1a. <input type="checkbox"/> Generator Marketing to Burner 1b. <input type="checkbox"/> Other Marketer 1c. <input type="checkbox"/> Burner (Complete 7C)
<input type="checkbox"/> 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION.
7C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE. (see instructions for definitions of combustion devices) 1 <input type="checkbox"/> Utility Boiler 2. <input type="checkbox"/> Industrial Boiler 3. <input type="checkbox"/> Industrial Furnace.
7D. NEW REGULATORY REQUIREMENTS: Indicate in the space provided, the activity you are notifying for, (if it is not listed above), for which you need an I.D. #. (continue in Comments).

8. CONTACT PERSON
NAME (last), (first)
B I S H O P G R E G G M.
TITLE
S A F E T Y M A N A G E R
PHONE NO. (area code & number)
2 0 6 — 6 3 2 — 1 4 4 1

9A. OWNERSHIP (Legal Owner(s) of this Company)	10A. TYPE OF OWNERSHIP (enter letter code in box) SEE INSTRUCTIONS	10B. IS SITE LOCATED ON INDIAN TRUST LANDS? Y=Yes N=No
U N I M A R I N C		

9B. OWNERSHIP (Legal Owner(s) of site (Property) (If ownership is different than 9A, provide address in section 13)
5 4 M E

14/90144R
RECEIVED
DEC 28 1989

303-9



FORM 2

NOTIFICATION OF
DANGEROUS WASTE
ACTIVITIES

(send to) Attn: DW Notifications
Washington State Department of Ecology
M/S PV-11 Olympia, WA. 98504-8711
(206) 459-6305/6306

NAME	DATE	TIME	DATE	TIME
EPN	DATE	TIME	DATE	TIME
INPUT	UPDATE	ADD		

REMARKS: USE ONLY

I. EPA/STAY		98-265-8163	
II. Waste Description by RCRA/State		SQ/RCRA	
Non-Regulated/Non-Handler/Protective Filing			
III. Exemption Status: RCRA Exempt Recycler State Exempt Recycler Below REL Other		IV. Handling: Emergency Remedial Action One-Time Only Other	

Type or Print in Ink—Form designed for use on Ekte (12 pitch type).

mm dd yy

1. FIRST NOTIFICATION

(see previous notification last been made for this site)

- ☒ A. WITHDRAWN SITE I.D. #
Complete Sections 1F, 2A, 3, 5, 6 & 15. Enter existing I.D. # in Part 1F.)
☐ C. CANCEL SITE I.D. # (Site closed—no longer own or conduct operations at this site. Complete Sections 1F, 2A, 3, 5, 6 & 15. Enter existing I.D. # in 1F.)

- ☐ B. REVISED NOTIFICATION date revision effective: ____/____/____
(Enter existing site I.D. # in Part 1F. List sections you revised.)
☐ D. REACTIVATE SITE I.D. # (Complete all sections of the form. Enter previously assigned I.D. # in Part 1F.)
☐ F. EXISTING I.D. # (Complete for items 1B, C, D, A & E only.) W.A.

2A. WASHINGTON STATE DEPARTMENT OF
REVENUE REGISTRATION (TAX) NUMBER

578-080-860

2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

3731

3. NAME OF COMPANY

Unifred Marine Shipbuilding

4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.

1441 N. Northlake Way

CITY OR TOWN

STATE

ZIP CODE

Seattle

5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

5055 E. Marina Way

6. COUNTY WHERE THIS
INSTALLATION IS LOCATED

King

CITY OR TOWN

STATE

ZIP CODE

Seattle WA 98108

7. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 7A, 7B, or 7C below that may apply).

7A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).

☒ 1. GENERATOR =

C303=1

- ☐ 2. TRANSPORTER 2a. ☐ Transport Wastes Commercially (for hire).
2b. Modes of Transport: (1) ☐ Highway (2) ☐ Air (3) ☐ Rail (4) ☐ Water (5) ☐ Other (Specify in comments.)
☐ 3. MANAGEMENT FACILITY (TSD) 3a. ☐ Facility accepts wastes from OFF-SITE Generators.
3b. Processes conducted or available at this facility:
(1) ☐ Treatment (2) ☐ Storage (>180 days) (3) ☐ Disposal
(4) ☐ Other (specify in comments.)

☐ 4. UNDERGROUND INJECTION OF WASTE(S).

- ☐ 5. MARKET OR BURN DANGEROUS WASTE FUELS—5a. ☐ Generator Marketing to Burner 5b. ☐ Other Market
5c. ☐ Burner. (COMPLETE 7C—TYPE OF COMBUSTION DEVICE)

7B. USED-OIL FUEL ACTIVITIES.

- ☐ 1. OFF-SPECIFICATION USED-OIL FUELS-1a. ☐ Generator Marketing to Burner 1b. ☐ Other Marketer 1c. ☐ Burner (Complete 7C—TYPE OF COMBUSTION DEVICE)
☐ 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION
7C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE.

(see instructions for definitions of combustion devices) 1 ☐ Utility Boiler 2 ☐ Industrial Boiler 3 ☐ Industrial Furnace.

7D. NEW REGULATORY REQUIREMENTS:

Indicate in the space provided, the activity you are notifying for, (if it is not listed above), for which you need an I.D. #.

(continue in Comments.)

8. CONTACT PERSON

NAME (last).

(first)

Bishop Greer

PHONE NO. (area code & number)

206-630-2144

OWNER/OPERATOR (Legal Owner(s) of this Company)

Unifred Marine Inc

LOCATION (City, County, or site (Property).)

Seattle, WA

I.D. TYPE OF
OWNERSHIP
LOCATED
IN
STATE1981 IS ST
LOCATED
IN
STATE

SEE INSTRUCTIONS

P

1. WASTE IDENTIFICATION (Copy this page if you have more than 10 waste streams—other information (sections 12-15) not needed on continuation sheets)

NUMBER	B. Description of Waste(s)	C. Dangerous Waste Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity	E. WEIGHT IN C H D T E
1	WASTE THINNER CONTAMINATED WITH PAINT	E003 E005 D001	3850 P	
2	WASTE THINNER CONTAMINATED WITH PAINT	E003 D001	3300 P	
3	WASTE SOLVENT CONTAMINATED WITH PAINT	E002 E003 D001	1320 P	
4	WASTE OIL CONTAMINATED WITH WATER	D001	2640 P	
5				
6				
7				
8				
9				
10				

12. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch. In 12C, indicate maximum to be accumulated on-site prior to shipment.

12A. ☐ (Batch Frequency _____) QUANTITY WEIGHT CODE 12B. ☐ PER MONTH QUANTITY WEIGHT CODE

12C. Amount to be Accumulated on-site prior to shipment

QUANTITY WEIGHT CODE

13. COMMENTS (Enter information by Section & Line Number—See Instructions)

SEC # 12 - THIS IS A ONE TIME SITE CLEAN-UP. NO WASTE IS BEING GENERATED.

14. FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

- A. ☐ NOTIFICATION FORM B. ☐ PART A PERMIT FORM FOR TSD FACILITIES
C. ☐ BIOLOGICAL TEST PROCED. D. ☐ GENERATOR ANNUAL REPORT FORM
E. ☐ CHEMICAL TEST PROCED. F. ☐ TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT
G. ☒ DANGEROUS WASTE LEGISLATION (RCW 70.106) AND REGULATIONS (WAC 173-303)
H. ☒ DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305)
I. ☐ OTHER (specify) _____

15. CERTIFICATION (MUST BE SIGNED BY ONE TO BE PROCESSED)

I hereby certify under penalty of law that I am personally, assembled and am familiar with the information submitted in this and all attached documents, and that based on my knowledge of those facts and circumstances, I am personally responsible for obtaining the information I believe that the submitted information is true, accurate, and complete. I am aware that false statements and omissions are prohibited by law, including the possibility of fine and imprisonment.

SIGNATURE: Gregg M Bishop OFFICIAL TITLE (Print): Safety DATE SIGNED: 6/28/89
PRINTED NAME: Gregg M Bishop